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## COMPARATIVE ANALYSIS OF MEDICAL TOURISM IN KOLKATA WITH OTHER METROPOLITAN CITIES IN INDIA

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### ABSTRACT

*Medical Tourism is a concept that encompasses and adjoins two types of service sector viz. Medical treatment along with Tourism to various destinations of the host country. Medical tourism is the act of travelling to another nation for availing treatment of international standards at a cost which is otherwise very costly while having leisure tours to various attractive sites of the host country at the same time. Medical tourism is a sector which has not yet been explored to its optimum level in India. Kolkata or Calcutta, the capital of West Bengal, popularly known as 'The City of Joy' being remembered for its rich cultural heritage, is an important commercial, cultural, and educational centre of East India. Considering its proximity to Bangladesh, Nepal, and Bhutan as well as making its mark in Top 10 States of receiving foreign and domestic tourists, the pertinent study presents the scope and opportunities of Medical Tourism in Kolkata. The authors present a comparative analysis between Kolkata and other metropolitan cities with respect to different parameters like Foreign and Domestic Tourist arrivals (FTAs and DTAs), number of hospitals, number of Joint Commission International (JCI) accredited hospitals, number of National Accreditation Board for Hospitals & Health Care Providers (NABH) accredited hospitals, number of blood banks, cost of living and so on. Based on various literatures available, this paper focuses on identifying the scope and opportunities of medical tourism in Kolkata through SWOT (Strength, Weakness, Opportunity, Threat) analysis.*

### KEYWORDS

medical tourism, FTAs, DTAs, JCI, NABH.

### INTRODUCTION

Tourism sector accounts for 20236 million US\$ Foreign exchange earnings in India which is equivalent to more than Rs. 1346 crores. According to a brief report on Tourism in India, published in January, 2015 in India various forms of Tourism exists viz. Rural tourism, Cruise Tourism, Adventure Tourism, Eco Tourism, Wellness Tourism, and Medical Tourism. Whereas Arunmozhi and Panneerselvam in their research paper identified 12 types of tourism found in India which also included Pilgrimage, Sports, Wildlife, Cultural, Business, Heritage, and Leisure tourism however they did not mention Rural Tourism<sup>1</sup>. In this study the authors made an honest effort to bring about a holistic comparison between various metro cities with Medical Tourism opportunities. Medical tourism is a concept which embodies two practices together namely medical treatment with leisure trip. A medical tourist primarily visits another nation to avail medical and health care of international level at a cheaper rate which is either not available in his/her own country or not covered under insurance hence it's very costly. Medical tourism mainly lures patients from first world country to third world country.

During 1997 to 2001, the government officials in Asian countries took the initiative of focusing tourism efforts in marketing their countries as premiere destinations for medical treatment of international standards because of the Asian economic crisis in 1997 followed by the collapse of Asian currencies. Soon Thailand became the hub for plastic surgery, with fees charged at a fraction of what Western countries could offer.

In 1997 the Joint Commission International (JCI accreditation is considered the gold standard in global health care), an international US based health care accreditation agency, was established to check and investigate international healthcare facilities for conformance to international standards due to the emergence of health providers around the world. JCI collaborated with many US based health providers.

Thailand, Malaysia, Singapore and India became legitimate medical destinations due to JCI accreditation. Other Southeast Asian and Latin American countries are emerging as healthcare destinations as well with JCI accreditation and partnerships with prominent US-based health providers.

It was in late 2002 Indian government took efforts to promote Medical Tourism, when the Confederation of Indian Industry (CII) produced a study on the country's Medical Tourism sector, in collaboration with international management consultants, McKinsey & Company, which outlined immense potential for the sector. During that time, the then finance minister Jaswant Singh called for the country to become a "global health destination" and urged measures, such as improvements in airport infrastructure, to smooth the arrival and departure of medical tourists.

Medical Tourism in India is triggered by the availability of low cost of treatment, quality healthcare infrastructure, availability of highly-skilled doctors and nurses, shorter waiting queues, etc.

The following table shows the approximate cost comparison of selected surgeries in selected seven countries.

The table 1 reflects clearly that India has got cost advantage in all categories of surgeries over other countries. Thailand and Malaysia may be considered as the closest competitors. These figures highlight the opportunities in Medical Tourism laid ahead of India.



TABLE 1: COST COMPARISON OF SELECTED SURGERIES

Treatment Cost Comparison							
Procedures	US (\$)	Costa Rica (\$)	India (\$)	Korea (\$)	Mexico (\$)	Thailand (\$)	Malaysia (\$)
Heart Bypass	\$144,000	\$25,000	\$5,200	\$28,900	\$27,000	\$15,121	\$11,430
Angioplasty	\$57,000	\$13,000	\$3,300	\$15,200	\$12,500	\$3,788	\$5,430
Heart Valve Replacement	\$170,000	\$30,000	\$5,500	\$43,500	\$18,000	\$21,212	\$10,580
Hip Replacement	\$50,000	\$12,500	\$7,000	\$14,120	\$13,000	\$7,879	\$7,500
Hip Resurfacing	\$50,000	\$12,500	\$7,000	\$15,600	\$15,000	\$15,152	\$12,350
Knee Replacement	\$50,000	\$11,500	\$6,200	\$19,800	\$12,000	\$12,297	\$7,000
Spinal Fusion	\$100,000	\$11,500	\$6,500	\$15,400	\$12,000	\$9,091	\$6,000
Dental Implant	\$2,800	\$900	\$1,000	\$4,200	\$1,800	\$3,636	\$345
Lap Band	\$30,000	\$8,500	\$3,000	N/A	\$6,500	\$11,515	N/A
Breast Implants	\$10,000	\$3,800	\$3,500	\$12,500	\$3,500	\$2,727	N/A
Rhinoplasty	\$8,000	\$4,500	\$4,000	\$5,000	\$3,500	\$3,901	\$1,293
Face Lift	\$15,000	\$6,000	\$4,000	\$15,300	\$4,900	\$3,697	\$3,440
Hysterectomy	\$15,000	\$5,700	\$2,500	\$11,000	\$5,800	\$2,727	\$5,250
Gastric Sleeve	\$28,700	\$10,500	\$5,000	N/A	\$9,995	\$13,636	N/A
Gastric Bypass	\$32,972	\$12,500	\$5,000	N/A	\$10,950	\$16,667	\$9,450
Liposuction	\$9,000	\$3,900	\$2,800	N/A	\$2,800	\$2,303	\$2,299
Tummy Tuck	\$9,750	\$5,300	\$3,000	N/A	\$4,025	\$5,000	N/A
Lasik (both eyes)	\$4,400	\$1,800	\$500	\$6,000	\$1,995	\$1,818	\$477
Cornea (both eyes)	N/A	\$4,200	N/A	\$7,000	N/A	\$1,800	N/A
Retina	N/A	\$4,500	\$850	\$10,200	\$3,500	\$4,242	\$3,000
IVF Treatment	N/A	\$2,800	\$3,250	\$2,180	\$3,950	\$9,091	\$3,819

Source: <http://www.indiaprofile.com/medical-tourism/cost-comparison.html><sup>2</sup>

According to a report published by Indian Statistics West Bengal Ranks 8<sup>th</sup> in share of Top 10 States/UT of India in receiving Domestic Tourists and 6<sup>th</sup> in share of Top 10 states/UT of India in receiving Foreign Tourists in 2014. Hence, the study highlights the credibility and challenges of Kolkata as compared to other metro cities. Kolkata, the capital of West Bengal, with its rich cultural heritage, is also popularly known as the City of Joy. Kolkata is located on the bank of Hooghly River. Kolkata takes the pride of many historical, cultural, and educational landmarks like Victoria memorial, Birla Planetarium, Howrah Bridge, Indian museum, Science city, Jora Sanko Thakurbari, Marble Palace mansion, etc to name a few. However, Chennai remains the favourite medical destination which attracts about 40% of the country's medical tourists and more than six lac tourists visit the state every year, according to a study by Confederation of Indian Industries (CII). According to S Chandrakumar, convener of the CII healthcare panel, Chennai receives up to 200 foreign patients every day owing to the quality of healthcare.<sup>3</sup>

## LITERATURE REVIEW

A literature review contains a detailed text of scholarly papers, which reflects the up to date knowledge and substantive findings along with theoretical and methodological input to the pertinent topic. So a detailed literature review plays a vital role in carrying out research as it helps to identify the gaps between the findings of previous researches done in the concerned field and the unexplored areas.

Though there is plenty of research papers available related with Medical Tourism but since the study is based on the below mentioned objectives hence only studies which are related and can be aligned with the objectives are presented.

Wong et al (2014)<sup>4</sup> have presented a comparative analysis of the medical tourism destinations here being Malaysia, Thailand, Singapore and India using SWOT analytical model. The authors have quoted India as the most cost effective destination for Medical Tourism offering holistic medical services in yoga, unani, naturopathy, ayurveda, and homoeopathy.

Gan and Frederick (2011)<sup>5</sup> have identified demographic groups who are likely to participate in medical tourism and further identified three factors (risk-related, social-related, vacation-related) that explain their motivation to travel abroad for treatment. (1) The uninsured, low-income, and Black consumers are more sensitive to risk-related factors than the well-insured, middle- to high- income groups, and white consumers; (2) The older and the married consumers are more motivated by social related factors than the young adults aged 18-21 and single (never married); (3) Surprisingly, the more proficient one is in a foreign language, the less one is motivated by social-related factors.

Gan and Song (2012)<sup>6</sup> did a comparative SWOT analysis in India and South Korea with the aim of comprehending the various factors that can assist or impede the growth of the medical tourism in both nations. The researchers found that India is leading ahead of South Korea as India already established itself as an important Medical Tourism hub in Asia while South Korea is still emerging. The authors cited the figures computed by Gan and Frederick (2011) and showed the cost comparison of various medical treatments between the two nations. The number of JCI accredited hospitals was also found to be lower in South Korea than India during 2012. Authors also stressed on the competency in English language as an added advantage for promoting Medical Tourism in India. To cope up with language barrier, South Korea has set up a one-stop service centre equipped with information booths and medical information website in five languages.

Kumar and Raj (2015)<sup>7</sup> in their research article cited major challenges faced by Indian medical tourism which include power problem, insurance issue, no industry standards, lack of commercialisation, post-operative care in home country, inequalities in services provide by Govt. and private hospitals.

Gupta, et al (2015)<sup>8</sup> presented a study on strengths and challenges of medical tourism in Delhi and NCR. The study was conducted by collection of data through a structure questionnaire from 100 inbound patients from 22 nations visiting 16 hospitals in Delhi. According to the study the key competitive strengths found were economy in costs, branded hospitals, qualified doctors, availability of all kinds of medical treatments, high tech procedures, online consultancy, less waiting time for treatment, good infrastructure and hygiene and cleanliness.

However, major challenges were finding good interpreters/translators, obtaining visa, getting insurance covers, problems are also faced by patients in respect of follow ups and Monitoring care, behaviour of tour operators, corruption, differential pricing policies and inadequate lodging arrangements.

Uniyal, et al (2014)<sup>9</sup> emphasised on role of all stakeholders in putting more effort and resources to build a strong brand image. Word-of-mouth communication plays important role in medical tourism because key informers for medical tourism have a close relationship with the patients.

All the stated literatures either presented comparative analysis country wise or analyses based on SWOT of a particular city, but none has considered Medical tourism in Kolkata in their study, so the pertinent study tries to present and elaborate the published statistics and draws a conclusion towards further research scope of Medical Tourism in Kolkata.

## STATEMENT OF THE PROBLEM

The pertinent descriptive study aims to explore the scope and opportunities of Medical Tourism in Kolkata, which has been quite lagging behind other cities and metro cities. Moreover, as such no study has been carried out in Kolkata or West Bengal

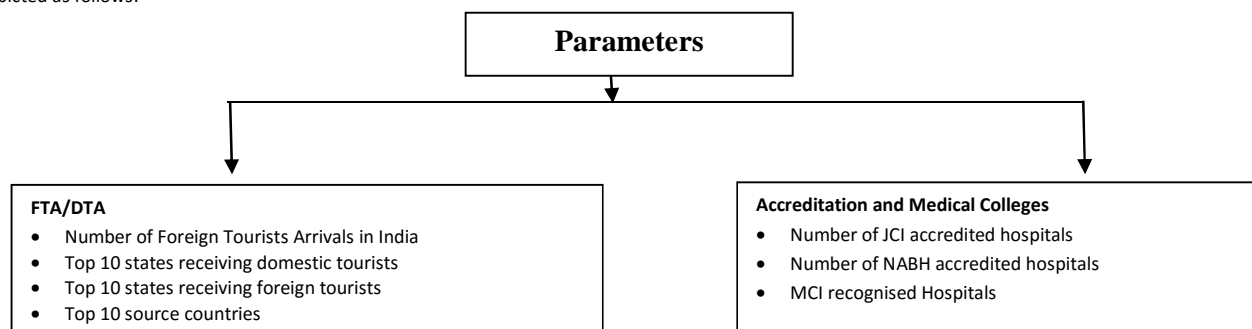
## OBJECTIVES

1. To present a comparative analysis between Kolkata and other cities with respect to various parameters like FTA/DTA and JCI Accreditation and NABH Accredited Hospitals
2. To figure out the present scenario of medical tourism in India Vis a vis in Kolkata.

## RESEARCH METHODOLOGY

Research Methodology is a systematic process of collecting, organising and analysing data. The pertinent study is primarily based on secondary data which has been published in research journals, leading magazine, websites and government reports. The study is descriptive in nature.

The parameters of the present study present various statistics are divided into two parts namely FTA/DTA and Accreditation and Medical Colleges which can be depicted as follows:



## FINDINGS AND ANALYSIS

The findings and analysis of the study can be presented in two parts. The first part of findings present the data related with Foreign Tourists Arrival and Domestic Tourist arrivals and the second part of the findings is related with accreditation of hospitals.

### FTA/DTA

Since the study is based on Medical Tourism it is imperative to show the statistics showing the percentage share of Foreign Tourist Arrivals (FTAs) at various Airport/City/Railway. A foreign tourist is a tourist who crosses border of his/her own home country to another country and make a stay with a motive of leisure or treatment or education or business.

According to report on Indian Tourism Statistics at a Glance-2014, during July 2015 Delhi airport ranked number 1 position in receiving Foreign tourists followed by Mumbai and Chennai whereas Kolkata remained a tail ender in the top 10 list showing the percentage share of Foreign Tourist Arrivals (FTAs) in India during July 2015 which is challenging scenario for Tourism sector in Kolkata in spite of the fact that Bangladesh, Bhutan and Nepal are adjacent countries to West Bengal. Also Table 3 shows that Bangladesh ranks 2<sup>nd</sup>, preceded by USA, in the list of Top 10 Source Countries for Foreign Tourist Arrivals (FTAs) in India in 2014 which accounts for 12.27 % of the total share. So West Bengal being the neighbouring country to Bangladesh the figure clearly shows an untapped opportunity for West Bengal. Also Bangladesh being Bengali speaking national should give an added advantage to Kolkata. On the other hand, Sri Lanka which is a neighbouring country to Tamil Nadu accounts for only 3.93% and stands 4<sup>th</sup> in the list of source countries of foreign tourists however Table 4 shows that Tamil Nadu tops the list of Top 10 States/UTs of India in receiving number of Foreign Tourist Visits during 2014. Table 4 also shows that West Bengal is quite lagging behind and makes a 6<sup>th</sup> position in receiving number of Foreign Tourist Visits during 2014, preceded by Rajasthan and followed by Kerala, Bihar, Karnataka and Haryana. It indicates that Tamil Nadu received foreign tourists from all the major source countries. Chennai attracts about 40% of the country's medical tourists and more than six lakh tourists visit the state every year, according to a study by Confederation of Indian Industries (CII).

TABLE 2: PERCENTAGE SHARE OF FOREIGN TOURIST ARRIVALS (FTAS) IN INDIA DURING JULY, 2015

Rank	Airport/ Rail /City	Percentage Share
1.	Delhi Airport	27.04%
2.	Mumbai Airport	17.48%
3.	Chennai Airport	10.66%
4.	Haridaspur Land check post	9.38%
5.	Bengaluru Airport	7.32%
6.	Cochin Airport	4.96%
7.	Hyderabad Airport	4.64%
8.	Kolkata Airport	3.88%
9.	Gede Rail	1.78%
10.	Trivandrum Airport	1.67%
11.	Tiruchirapalli Airport	1.40%
12.	Amritsar Airport	0.97%
13.	Ghojadanga Land check post	0.93%
14.	AttariWagha Land check post	0.78%

source: Indian Tourism Statistics at a Glance, 2014

FIG. 1: PERCENTAGE SHARE OF FOREIGN TOURIST ARRIVALS (FTAS) IN INDIA DURING JULY 2015 PERCENTAGE SHARE

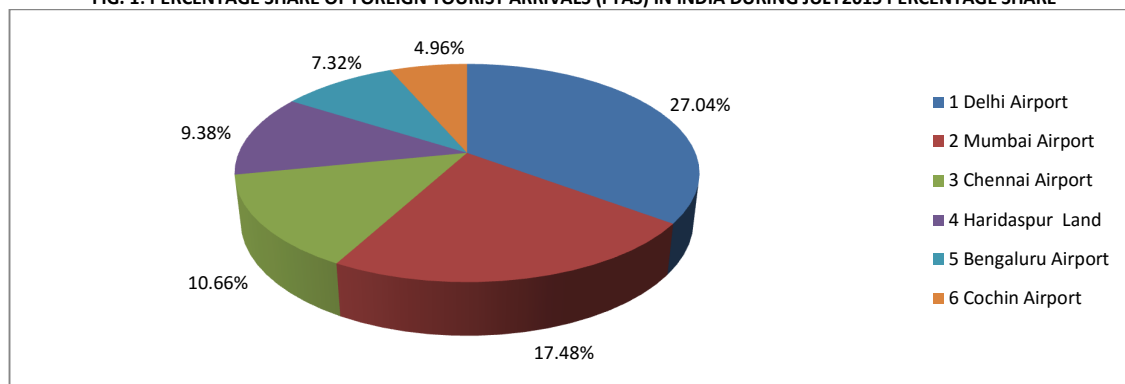


TABLE 3: TOP 10 SOURCE COUNTRIES FOR FOREIGN TOURIST ARRIVALS (FTAs) IN INDIA IN 2014

S.No	Source Country	FTAs (in Million)	Percentage (%) Share
1	United States	1118983	14.57
2	Bangladesh	942562	12.27
3	United Kingdom	838860	10.92
4	Sri Lanka	301601	3.93
5	Russian Federation	269832	3.51
6	Canada	268485	3.50
7	Malaysia	262026	3.41
8	France	246101	3.20
9	Australia	239762	3.12
10	Germany	239106	3.11
Total top 10 Countries		4727318	61.56
Others		2951781	38.44
Grand Total		7679099	100.00

Source: Bureau of Immigration, Govt. of India

FIG. 2: PERCENTAGE OF TOP 10 SOURCE COUNTRIES FOR FOREIGN TOURIST ARRIVALS (FTAs) IN INDIA IN 2014

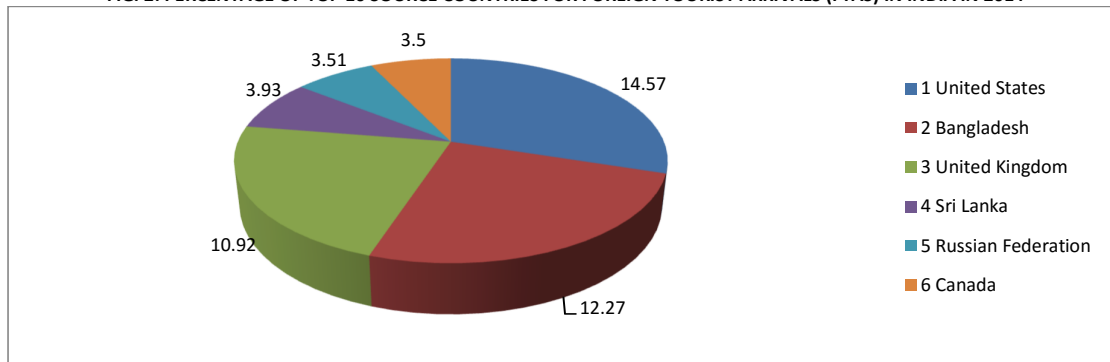
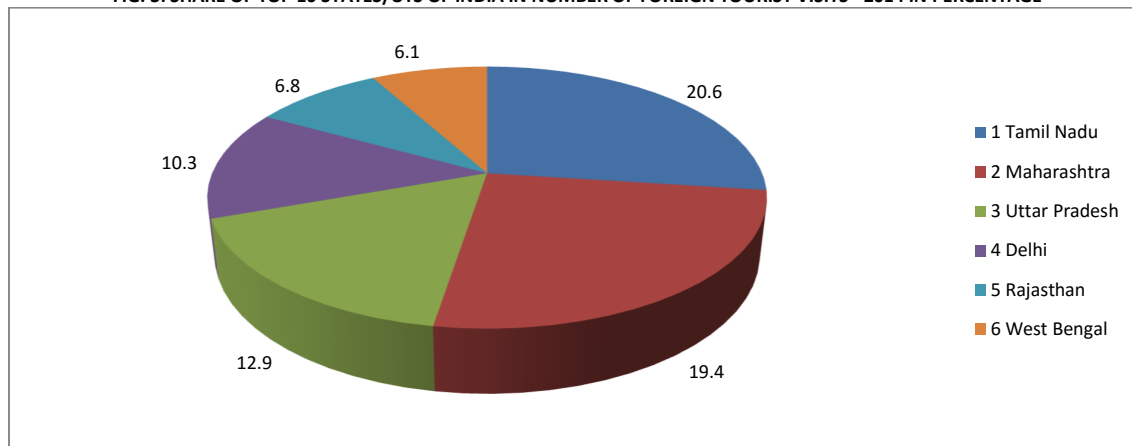


TABLE 4: SHARE OF TOP 10 STATES/UTs OF INDIA IN NUMBER OF FOREIGN TOURIST VISITS - 2014

Rank	State/UT	Number	Percentage Share(%)
1.	Tamil Nadu	4657630	20.6
2.	Maharashtra	4389098	19.4
3.	Uttar Pradesh	2909735	12.9
4.	Delhi	2319046	10.3
5.	Rajasthan	1525574	6.8
6.	West Bengal	1375740	6.1
7.	Kerala	923366	4.1
8.	Bihar	829508	3.7
9.	Karnataka	561870	2.5
10	Haryana	547367	2.4
Total of top 10 States		20038934	88.8
Others		2528716	11.2
Total		22567650	100.0

Source: State/ UT Tourism Departments, Indian Tourism Statistics at a Glance, 2014

FIG. 3: SHARE OF TOP 10 STATES/UTs OF INDIA IN NUMBER OF FOREIGN TOURIST VISITS - 2014 IN PERCENTAGE



Now the following Table 5 represents the share of Top 10 States/UT of Indian in Number of Domestic Tourists Visits till 2014. Domestic Tourists can be referred to those who reside in India and they travel to another state from their home state and make a stay with a motive of leisure or treatment or education or business. The figure shows that Tamil Nadu is leading the list followed by Uttar Pradesh, Karnataka, and Maharashtra. Whereas it is found from the table that West Bengal lies in the bottom of the list making a position of 8<sup>th</sup> in the list.

TABLE 5: SHARE OF TOP 10 STATES/UTS OF INDIA IN NUMBER OF DOMESTIC TOURIST VISITS - 2014

Rank	State/UT	Number	Percentage Share (%)
1.	Tamil Nadu	327555233	25.6
2.	Uttar Pradesh	182820108	14.3
3.	Karnataka	118283220	9.2
4.	Maharashtra	94127124	7.3
5.	Andhra Pradesh	93306974	7.3
6.	Telangana	72399113	5.6
7.	Madhya Pradesh	63614525	5.0
8.	West Bengal	49029590	3.8
9.	Jharkhand	33427144	2.6
10.	Rajasthan	33076491	2.6
Total of top 10 States		1067639522	83.3
Others		214312733	16.7
Total		1281952255	100.0

Source: State/ UT Tourism Departments, Indian Tourism Statistics at a Glance, 2014

## ACCREDITATION

Accreditation of hospitals play vital role in pulling patients from foreign nationals because accreditation is important component which ensures patient safety and quality of treatment. In this study the authors have cited JCI and NABH as the two main important bodies which provide accreditations and recognitions to the hospitals in India. JCI is an international body whereas NABH is the national apex body. The statistics provided below present the current status of Kolkata as compared to other cities regarding health care accreditations.

## JCI

Joint Commission International (JCI) works to improve patient safety and quality of health care in the international community by offering education, publications, advisory services, and international accreditation and certification. In more than 100 countries, JCI partners with hospitals, clinics, and academic medical centres; health systems and agencies; government ministries; academia; and international advocates to promote rigorous standards of care and to provide solutions for achieving peak performance.

As per the official website of Joint Commission International (JCI), in India as of now only 23 organisations providing health care services are accredited by JCI spread over 13 cities all over India. Among the 13 cities Mumbai is having the maximum number of JCI accredited hospitals followed by New Delhi, and Bangalore. Chennai, Hyderabad and Gurgaon are in the second position whereas Kolkata is having only one JCI accredited Hospital. This figure is a major issue as far as the growth of medical tourism is concerned.

## NABH

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, have full functional autonomy in its operation. New Delhi is the leading city with 46 NABH accredited hospitals followed by Bangalore (26), Mumbai (15), Chennai (12) and Jaipur (9) whereas Kolkata is having only 8 NABH accredited Hospitals and lagging behind with 6<sup>th</sup> position which may divert medical tourists to other cities. Hence it's a wakeup call for Government of West Bengal to channelize all the health care facilities towards accreditation and work out for providing quality health care.

TABLE 6: LIST OF NABH ACCREDITED HOSPITALS IN KOLKATA

Sl.no.	Name of Hospital
1.	B.M. Birla Heart Research Centre
2.	Desun Hospital & Heart Institute
3.	Rabindranath Tagore International Institute of Cardiac Sciences
4.	Medical Super specialty Hospital
5.	Fortis Hospitals Limited
6.	Peerless Hospitex Hospital & Research centre
7.	Ruby General Hospital Limited
8.	Bhagirathi Neotia Woman & Child care Centre

Source: Consolidated by authors from <http://nabh.co/firmViewAccreditedHosp.aspx>

Kolkata have many more renowned and premier super speciality hospitals like Wockhardt Hospital & Kidney Institute, Woodlands Hospital, AMRI Hospital, Belle Vue Clinic, Columbia Asia Hospital (Salt Lake), Kothari Medical Centre & Research Institute can be further brought under the umbrella of NABH and JCI accreditations.

TABLE 7: RANK WISE STATISTICS OF MEDICAL COLLEGES RECOGNISED BY MEDICAL COUNCIL OF INDIA (MCI)

1.	Karnatak	50
2.	Maharashtra	48
3.	Tamil Nadu	48
4.	Uttar Pradesh	36
5.	Kerala	30
6.	Andhra Pradesh	28
7.	Gujarat	21
8.	Telangana	20
9.	West Bengal	17
10.	Madhya Pradesh	14
11.	Rajasthan	13
12.	Delhi	08

Source: Consolidated by authors from <http://www.mciindia.org/InformationDesk/ForStudents/ListofCollegesTeachingMBBS.aspx>

The Table 7 highlights the present scenario of Medical Colleges in various states which reflects that the South Indian states are the leading producers of MBBS doctors. Maharashtra is in 2<sup>nd</sup> position having MCI recognised MBBS colleges whereas West Bengal is rather lagging behind which poses strong competition and challenge in providing medical facilities.

**SCOPE FOR FUTURE STUDY**

The study has discussed various parameters and presented the gap between Kolkata and other cities however there can be few more aspects that might be considered for critically analysing the impediments in the growth of Medical tourism in Kolkata.

Cost of living, Safety and security aspects along with recent statistics on cleanest cities under the initiative taken by Government of India 'Swachh Bharat Mission' may be few of those factors that are yet to be uncovered. Moreover, number of bed facilities provided by health care organisations and initiatives taken by governments of various cities can be also considered for predicting the growth scenario of Medical Tourism in Kolkata vis a vis in other cities.

**CONCLUSION**

Medical Tourism is still at its infant stage in Kolkata in spite of the fact that Kolkata remained the first capital of India for 150 years under British rule. Kolkata with its rich cultural heritage is still not able to exploit this sector. The biggest opportunities lay in the fact that border of West Bengal touches Bangladesh, Nepal, and Bhutan. Language is not a barrier in West Bengal which is its key strength over Chennai. Moreover, Bangladesh is Bengali speaking national which should give a competitive advantage to Kolkata. The study can be considered a first step in the way of conducting a research in Medical Tourism in Kolkata.

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